

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: STEVEN W. DANIELS DOING BUSINESS A BILL'S LIQUOR CLOSET ADDRESS 547 LOOP RD. CITY/TOWN: SAVOY STATE: MA ZIP CODE: 01256 MANAGER: DANIELS, TYPE OF LICENSE: General on STEVEN W PLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: REC ROOM AT SHADY PINES CAMP GROUND I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	CLASS LICENSEE NAME: STEVEN W. DANIELS DOING BUSINESS A BILL'S LIQUOR CLOSET ADDRESS 547 LOOP RD. CITY/TOWN: SAVOY STATE: MANAGER: DANIELS, TYPE OF LICENSE: STEVEN W INTERPRETARIES OF LICENSE: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR DESCRIPTION OF LICENSED PREMISES: REC ROOM AT SHADY PINES CAMP GROUND I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the complex of the C	YEAR A ZIP CODE: 01256 General on CATEGORY: All Alcohol oremise REMAIL ADDRESS the same premises now licensed;
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SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		9
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	3. the premises are now open for business (If not ex	plain below)
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	SIGNED BY:	
TELEPHONE NUMBER:	Individual, Partner or Authorized Co	porate Officer
TELEPHONE NUMBER:		
TELEPHONE NUMBER:		
(Note: NOT Individual Social Security Number)	DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.	Acts of 2004, signed by the building inspector and the ho	ad of the fire department for the above named
Please Check Below: LOCAL LICENSING AUTHORITY	Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED: By:		By:
DISAPPROVED:		
(If disapproved explain)	(If disapproved explain)	
	DATE:	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108000002		CITY OR TOWN SAVOY		
APPLICATION FOR RENEWAL:	: Annual	Annual LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: STEVEN W DOING BUSINESS A SHADY P				
ADDRESS 547 LOOP RD				
CITY/TOWN: SAVOY	STATE: MA	ZIP CODE: 01256		
MANAGER: DANIELS, STEVEN W	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSED P	REMISES:			
SMALL RETAIL STORE ON PRO	OPERTY OF SHADY PIN	ES GROUND ON LOOP RD.		
I hereby certify and swear under pe	enalties of perjury that:			
1. the renewed license will	be of the same type for the	e same premises now licensed;		
2. the licensee has complied	ed with all laws of the Com	monwealth relating to taxes; and	d	
3. the premises are now or		=		
	· 1			
SIGNED BY: Individual, I	Partner or Authorized Corp	oorate Officer		
DATE:		EMBLOVED IDENTIFIC	ATION NUMBER.	
TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social		
Please Check Below:		LOCAL LICENSING AUT	HORITY	
APPROVED:		Ву:		
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 108000005		CITY OR TOWN	SAVOY			
APPLICATION FOR	R RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME:	ALLEN M. CAR	LOW AND GALE M	. CARLOW				
DOING BUSINESS	A SAVOY HOLL	OW GENERAL STO	RE				
ADDRESS 668 MA	IN RD						
CITY/TOWN: SAV	OY.	STATE: MA	ZIP CODE:	01256			
MANAGER:	T	YPE OF LICENSE:Pa	ckage Store C	ATEGORY:	All Alcohol		
EMAIL ADDRESS:							
DESCRIPTION OF ONE ROOM FIRST		IISES:					
2. the licens	ed license will be dee has complied wisses are now open for	of the same type for the the all laws of the Compor business (If not exp	monwealth relating the lain below)				
	Individual, Partn	er or Authorized Corp	orate Officer				
DATE:	TELEPHO	NE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	R IDENTIFICAT dividual Social So			
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY		
DATE:							

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